

RECEIVED
CENTRAL FAX CENTER

101621861

NOV 11 2005

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

USPTO Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on November 11, 2005
DateBarbara A. Ferzetti

Signature

Barbara A. Ferzetti

Typed or printed name of person signing Certificate

302-992-6716

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

10/621861
SO0032USNARequest for Certificate of Correction (1 page)
Certificate of Correction in duplicate (2 pages total)
Fee Transmittal Form (1 page)Certificate
NOV 17 2005
of CorrectionPage 1 of 5

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOV 17 2005

NOV. 11. 2005 9:42AM

DUPONT LEGAL

Rev. 2/94

RECEIVED
CENTRAL FAX CENTER

NO. 3271 P. 2

NOV 11 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U. S. PATENT: 6946539

CASE NO.: SO0032USNA

Certificate

PATENTEE: HARI BABU SUNKARA

ART UNIT: 1711

NOV 17 2005

ISSUED: SEPTEMBER 20, 2005

EXAMINER: RACHEL F. GORR

of Correction

ASSIGNED: E. I. DU PONT DE NEMOURS AND COMPANY

FOR: POLYURETHANE AND POLYURETHANE-UREA COMPRISED OF
POLY(TRIMETHYLENE-ETHYLENE ETHER) GLYCOL SOFT SEGMENT

REQUEST FOR CERTIFICATE OF CORRECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The patentee through his attorney hereby respectfully requests that a Certificate of Correction be issued in the above-referenced patent to correct printing errors in accordance with the attached Certificate of Correction Form PTO/SB/44 submitted in duplicate herewith.

Errors were made by both patentee and the Patent and Trademark Office. Please charge the fee as set in 37 CFR 1.20(a) for \$100.00 to Deposit Account No. 04-1928 (E. I. du Pont de Nemours and Company). If this fee is insufficient or incorrect, please charge or credit the balance to the above-identified Deposit Account.

Respectfully submitted,



MARK D. KULLER
ATTORNEY FOR PATENTEE
Registration No.: 31,925
Telephone: (302) 892-1354
Facsimile: (302) 892-7925

Dated: November 11, 2005

PTO/SB/44 (04-05)

Approved for use through 04/30/2007. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
(Also Form PTO-1050)UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6946539

Page 1 of 1

APPLICATION NO.: 10/621861

ISSUE DATE : September 20, 2005

INVENTOR(S) : SUNKARA HARI BABU

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Specification at column 2, line 16, please replace "deflustrant" with -- delusterant --

Specification at column 6, line 30, please replace "1,1,1,2,3,3-hexafluoropropanesulfonic" with -- 1,1,2,3,3-hexafluoropropanesulfonic --

Claim 6, at column 15, line 58, please replace "benzene bis" with -- benzene, bis --

Claim 6, at column 15, line 59, please replace "terephthalate hydroquinone" with -- terephthalate, hydroquinone --

Claim 7, at column 15, line 67, please replace "dimethyl44'" with -- dimethyl-4,4' --

MAILING ADDRESS OF SENDER (Please do not use customer number below):

MARK D KULLER
E. I. du Pont de Nemours and Company
4417 Lancaster Pike
Wilmington, Delaware 19805

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/44 (04-05)

Approved for use through 04/30/2007, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
(Altro Form PTO-1050)

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6946539

Page 1 of 1

APPLICATION NO.: 10/621861

ISSUE DATE : September 20, 2005

INVENTOR(S) : SUNKARA HARI BABU

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Specification at column 2, line 16, please replace "defustrant" with -- deusterant --

Specification at column 6, line 30, please replace "1,1,1,2,3,3-hexafluoropropanesulfonic" with -- 1,1,2,3,3-hexafluoropropanesulfonic --

Claim 6, at column 15, line 58, please replace "benzene bis" with -- benzene, bis --

Claim 6, at column 15, line 59, please replace "terephthalate hydroquinone" with -- terephthalate, hydroquinone --

Claim 7, at column 15, line 67, please replace "dimethyl44" with -- dimethyl-4,4' --

MAILING ADDRESS OF SENDER (Please do not use customer number below):

MARK D KULLER

E. I. du Pont de Nemours and Company

4417 Lancaster Pike

Wilmington, Delaware 19805

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

RECEIVED
CENTRAL FAX CENTER

NOV 11 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. GMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

100.00

Complete if Known

Application Number	10/621861
Filing Date	July 17, 2003
First Named Inventor	Har Babu Sunkara
Examiner Name	Rachel F. Gorr
Art Unit	1711
Attorney Docket No.	SO0032USNA

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = 50.00 = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

YES

360.00

- 3 or HP = 200.00 = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 = _____

Fee Paid (\$)

100.00

Fee Paid (\$)

Fee Paid (\$)